## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHNL030822 US

| As a below named inventor, I hereby declare that:  |   |  |   |  |  |  |  |
|--|---|--|---|--|--|--|--|
| My residence, post office address and citizenship are as stated next to my name.   |   |  |   |  |  |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: <b>«Appliance, cartridge and system for personal care with auxiliary fluid»</b> the specification of which (check only one item below): |   |  |   |  |  |  |  |
| is attached hereto.  |   |  |   |  |  |  |  |
| was filed as United States application   |   |  |   |  |  |  |  |
| Serial No  |   |  |   |  |  |  |  |
| on   |   |  |   |  |  |  |  |
| and was amended  | _   |  |   |  |  |  |  |
| on   | ·   | <004   |   |  |  |  |  |
|  | al application  |  |   |  |  |  |  |
|  | • •   |  |   |  |  |  |  |
|  |   |  |   |  |  |  |  |
| OII Z4 June Z1Z4   |   |  |   |  |  |  |  |
| and was amended under PCT Article 19   |   |  |   |  |  |  |  |
| on (if   |   |  |   |  |  |  |  |
| applicable).   |   |  |   |  |  |  |  |
| I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  |   |  |   |  |  |  |  |
| I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).   |   |  |   |  |  |  |  |
| patent or inventor's certificate of United States of America listed certificate or any PCT internation   | or of any PCT international app<br>below and have identified bel<br>onal application(s) designating | States Code, § 119 of any foreign applolication(s) designating at least one colow any foreign application(s) for paten at least one country other than the Unig date before that of the application(s) | untry other than the tor inventor's nited States of |  |  |  |  |
|  |   |  |   |  |  |  |  |
| PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:  |   |  |   |  |  |  |  |
| COUNTRY  | APPLICATION NUMBER  | DATE OF FILING<br>DAY, MONTH, YEAR   | PRIORITY<br>CLAIMED<br>UNDER 35 USC<br>119          |  |  |  |  |
| EP   | 03 101 948.2  | 30-06-2003   | YES   |  |  |  |  |
|  | <u>.                                    </u>  |  |   |  |  |  |  |
|  |   |  |   |  |  |  |  |

|   | Combined Declaration For Patent Application and Power of Attorney (Continued) Attorney's Docket Number PHNL030822 US                  |  |                                   |  |                                 |                                  |  |
|---|---|--|-----------------------------------|--|---------------------------------|----------------------------------|--|
| POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)  |   |  |                                   |  |                                 |                                  |  |
| Jack E. Haken, Reg. No. 26,902<br>Michael E. Marion, Reg. No. 32,266<br>Edward M. Blocker, Reg. No. 30,245  |   | Direct Telephone C<br>(name and telepho<br>(914)332-0222 |                                   | hone number)   |                                 |                                  |  |
|   | FULL NAME OF INVENTOR   | FAMILY NAME<br>GRUBER                                    |                                   | FIRST GIVEN NAME Paul                                    |                                 | SECOND GIVEN NAME                |  |
| 201   | RESIDENCE & CITY CITIZENSHIP Bodensdorf   |  | STATE OR FOREIGN COUNTRY  Austria |  | COUNTRY OF CITIZENSHIP  Austria |                                  |  |
|   | POST OFFICE<br>ADDRESS  | POST OFFICE ADDRE  |                                   |  |                                 | STATE & ZIP CODE/COUNTRY  Land   |  |
|   | FULL NAME OF<br>INVENTOR  | FAMILY NAME  HAEFELE                                     |                                   | FIRST GIVEN NAME Peter                                   |                                 | SECOND GIVEN NAME                |  |
| 202   | RESIDENCE &<br>CITIZENSHIP  | Unterbergen POST OFFICE ADDRESS Unterbergen 4            |                                   | STATE OR FOREIGN COUNTRY Austria CITY A-9163 Unterbergen |                                 | COUNTRY OF CITIZENSHIP  Austria  |  |
|   | POST OFFICE<br>ADDRESS  |  |                                   |  |                                 | STATE & ZIP CODE/COUNTRY Austria |  |
|   | FULL NAME OF INVENTOR   | FAMILY NAME  MIKULA                                      |                                   | FIRST GIVEN NAME  Christian                              |                                 | SECOND GIVEN NAME                |  |
| 203   | RESIDENCE & CITIZENSHIP   | CITY<br>Wernberg   |                                   | STATE OR FOREIGN COUNTRY  Austria                        |                                 | COUNTRY OF CITIZENSHIP  Austria  |  |
|   | POST OFFICE<br>ADDRESS  |  | OST OFFICE ADDRESS CIT            |  | A-9241 Wernberg                 |                                  |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. |   |  |                                   |  |                                 |                                  |  |
| SIGNA   | SIGNATURE OF INVENTOR 201  SIGNATURE OF INVENTOR 202  SIGNATURE OF INVENTOR 203  SIGNATURE OF INVENTOR 203  SIGNATURE OF INVENTOR 203 |  |                                   | RE OF INVENTOR 203                                       |                                 |                                  |  |
| DATE 20 January 2005 DATE 27 January 2005   |   | DATE   | DATE 2 February 2005              |  |                                 |                                  |  |

U.S. DEPARTMENT OF COMMERCE - Patent and Trademarks Office (July 1994)

PTO/SB/80 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby  | / revoke all p<br>3.73(b).      | orevious powers of attorney   | given in the                 | applic               | ation identified                      | in the atta                   | ached stater                          | nent under             |
|---|---------------------------------|---|------------------------------|----------------------|---------------------------------------|-------------------------------|---------------------------------------|------------------------|
|   | / appoint:                      |   |                              |                      |                                       |                               |                                       |                        |
|   | ictitioners assoc               | ciated with the Customer Number:  |                              | 247                  | 37                                    |                               |                                       |                        |
| OR Pra  | actitioner(s) nam               | ned below (if more than ten patent  | practitioners a              | re to be i           | named, then a cus                     | tomer numb                    | er must be use                        | d):                    |
|   |                                 | Name  | Registration<br>Number       |                      | · · · · · · · · · · · · · · · · · · · | Name                          |                                       | Registration<br>Number |
| -   |                                 |   |                              |                      |                                       | <del>-</del>                  |                                       |                        |
| -   |                                 |   |                              | - 2                  |                                       |                               |                                       |                        |
|   |                                 |   |                              | -脚                   |                                       |                               |                                       |                        |
|   |                                 |   |                              |                      |                                       |                               |                                       |                        |
| any ano a   | и ратепт арриса                 | ) to represent the undersigned befor<br>ations assigned <u>only</u> to the undersig<br>ocordance with 37 CFR 3.73(b).             | ore the United a             | States Page to the U | atent and Tradema<br>JSPTO assignmen  | ark Office (U<br>t records or | SPTO) in conn<br>assignment do        | ection with<br>cuments |
| Please ch   | ange the corres                 | spondence address for the applicat  | tion identified i            | n the atta           | ched statement u                      | nder 37 CFR                   | ₹ 3.73(b) to:                         |                        |
| The address associated with Customer Number: 24737  |                                 |   |                              |                      |                                       |                               |                                       |                        |
| Fin   | Firm or Individual Name         |   |                              |                      |                                       |                               |                                       |                        |
| Address   |                                 |   |                              |                      |                                       | <del></del> -                 | · · · · · · · · · · · · · · · · · · · |                        |
| City  | y State Zip                     |   | Žip                          |                      |                                       |                               |                                       |                        |
| Country   |                                 |   | <b>L</b>                     |                      |                                       |                               |                                       |                        |
| Telephone   |                                 |   |                              |                      | Fax                                   |                               |                                       |                        |
| Assignee  | Name and Addr                   | ress:   |                              |                      |                                       |                               |                                       |                        |
| KONINKLIJKE PHILIPS ELECTRONICS N.V.<br>Groenewoudseweg 1<br>5621 BA Eindhoven, The Netherlands   |                                 |   |                              |                      |                                       |                               |                                       |                        |
| filed in e  | ach applicati<br>titioners appo | ogether with a statement und<br>ion in which this form is used<br>ointed in this form if the appo<br>application in which this Po | d. The state<br>ointed pract | ment ui<br>itioner i | nder 37 CFR 3.7<br>Is authorized to   | 73(b) may                     | be complete                           | d by one of            |
| SIGNATURE of Assignee of Record  The individual whose signal are and title is supplied below is authorized to act on behalf of the assignee |                                 |   |                              |                      |                                       |                               |                                       |                        |
| Signature   | /HI                             | May E. M.   | un                           | ر                    |                                       | Date 14                       | Januar                                | y 2005                 |
| Name  | Michae                          |   |                              |                      |                                       |                               |                                       |                        |
| Title   |                                 | rized Representat   |                              | ntion in ro          | animal to abtain as a                 | tain a banafi                 |                                       | inh in An Ella Fail d  |

Inis collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## 10/562871 IAP15 Rec'd PCT/PTO 2 9 DEC 2005

PTO/SB/96 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| STATEMENT UNDER 37 CFR 3.73(b)  |  |  |  |  |
|---|--|--|--|--|
| Applicant/Patent Owner: Koninklijke Philips Electronics N.V.  |  |  |  |  |
| Application No./Patent No.: Concurrently Filed/Issue Date: Concurrently   |  |  |  |  |
| Entitled: APPLIANCE, CARTRIDGE AND SYSTEM FOR PERSONAL CARE WITH AUXILIARY FLUID  |  |  |  |  |
| Koninklijke Philips Electronics N.V. , a corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)   |  |  |  |  |
| states that it is: 1. ☑ the assignee of the entire right, title, and interest; or   |  |  |  |  |
| 2. ☐ an assignee of less than the entire right, title and interest.  The extent (by percentage) of its ownership interest is ——————————————————————————————————   |  |  |  |  |
| A. [/] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.  |  |  |  |  |
| OR  |  |  |  |  |
| B. [ ] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:  |  |  |  |  |
| From:  The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.  |  |  |  |  |
| From:To:     The document was recorded in the United States Patent and Trademark Office at  |  |  |  |  |
| Reel, Frame, or for which a copy thereof is attached.   |  |  |  |  |
| 3. From: To: To: The document was recorded in the United States Patent and Trademark Office at  |  |  |  |  |
| Reel, Frame, or for which a copy thereof is attached.   |  |  |  |  |
| [ ] Additional documents in the chain of title are listed on a supplemental sheet.  |  |  |  |  |
| [ ] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08] |  |  |  |  |
| The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.   |  |  |  |  |
|   |  |  |  |  |
| Date Typed or printer theme (914) 333-9631  |  |  |  |  |
| Telephone number Signature  |  |  |  |  |
| Corporate Counsel   |  |  |  |  |
| Title   |  |  |  |  |

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.